

CLAIMS ONLY

Application Number

Filing Date

Applicant's

* May be used for additional claims or amendments

CLAIMS		AS FILED	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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48						
49						
50						
Total	3					
Indep	18					
Total	21					
Depend						
Total						
Claims						